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U. S. BUREAU OF MEDICINE AND SURGERY
WHITE TASK FORCE

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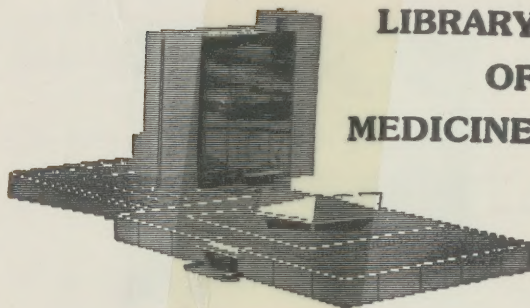
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The story of the Nurse Corps

WHITE TASK FORCE

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WHITE TASK FORCE

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My congratulations to the members of the Nurse Corps, United States Navy, past and present, for a proud record of service covering more than thirty-seven years.

My sincere gratitude, also, to the nursing profession as a whole for its splendid cooperation, without which the outstanding achievement of the Navy Nurse Corps would not have been possible.

Ross T. McIntire

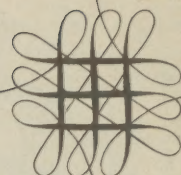
ROSS T MCINTIRE,
Vice Admiral, Medical Corps, U. S. N.,
The Surgeon General of the Navy.



93-58-42

➤ From the time of Pearl Harbor, when the first enemy gun against our country was fired in World War II, until the last signatures dried on the peace documents in Tokyo Bay, Japan, Navy Nurses were with the fleet, caring for its men. Through the smoke and fire and ruin of Pearl Harbor they worked heroically to save lives without thought of their own safety, as well as through the succeeding long months of combat, wherever they were needed. At the war's dramatic end they were with the fleet at the gates of Tokyo in several large hospital ships, to care for any emergencies which occurred and to take off United States prisoners of war from Japan.

Then came the aftermath—the weeks and months of healing those wounds of body and mind sustained by the fighting men—just as in the years and the wars before. Down through Time's unfailing past have Navy Nurses proven themselves equal to their inceptors' fondest hopes. But let the long memory of history speak for itself.



soundings

It was 1811—9 years before even the birth of Florence Nightingale—and a young Navy surgeon was recommending that nurses be included among the personnel of Navy hospitals. This surgeon, Dr. William Paul Crillon Barton, had been commissioned by the Secretary of the Navy to put down on paper “such ideas as he entertained respecting the proper and systematic mode of conducting hospitals and institutions for the sick.”

“Such ideas as he entertained” in a world where compassionate and scientific care of the sick had not yet entered heavily into man’s social consciousness were remarkably far sighted. Regarding the part nurses were to play he was fairly explicit.

“The nurses whose numbers should be proportionate to the extent of the hospital and number of patients, should be women of humane disposition and

tender manners; active and healthy. They should be neat and cleanly in their persons; and without vices of any description. They should reside in small convenient apartments adjoining the wards they belong to. They are to attend with fidelity and care upon all the sick committed to their charge; should promptly obey their calls, and, if possible, anticipate their reasonable wants. They should administer all medicines and diets prescribed for the sick, in the manner and at the times specified in their directions. They should be watchful of the sick at all hours and should, when required, sit up with them at night. They should attend the physician and surgeon in their visits to the wards, to give information respecting the patients, and to receive orders and directions. They should make up all the beds, and keep the wards clean and should report to the assistant physician

and surgeons' mates, whenever it is necessary to have them washed; and should not wash them, when they think proper, for the sake of the sick, to omit it at that time. They should report all sudden changes in the disorders of the sick, and all deaths, immediately to the assistant physician or surgeons' mates. They should obey punctually all orders from their superiors; and should exact a ready acquiescence in their commands, from the attendants under them."

Nonetheless, it was almost 100 years later—May 13, 1908—before Dr. Barton's recommendations on inclusion of nurses bore fruit, even though in 1842 he was made first Chief of the Bureau of Medicine and Surgery and he and others after him took up

the cudgel from time to time. Taking concrete form in 1902 and again in 1904, bills, in the inception of which Surgeon General Rixey was instrumental, were actually submitted to establish a corps of trained women in the United States Navy. But it was still a man's Navy, and men were reluctant to allow women within its portals.

distress signals

The ships' surgeons who cared for the men of the fleet were still to carry on without trained nurses. The colorful pages in the history of the United States Navy contain many testimonials to the surgeons' courage and resourcefulness. Their only assistants were members of the crew assigned to them, these men being called "loblolly boys," after the "loblolly," a porridge, which was the standard ship's diet for the sick. More and more these surgeons, however, charged with the care of the sick and wounded, felt the need for trained workers. More and more, as the science of medicine and general concern for a humane social order developed, did medical care for the armed forces grow in importance, both to those whose interests were in an efficient military organization and to those who held the lives and welfare of our fighting men to be a vital

obligation.

It was in accord with this trend that a Bureau of Medicine and Surgery was established by Act of Congress in 1842, and in 1898 the Hospital Corps was authorized, raising the status of the "baymen"—referring to the men in attendance in the ship's sick bay—to an organized group of corpsmen, with specified qualifications and duties.

Meanwhile, the development of nursing, first as a vocation and art, and later as a science as well, had proceeded steadily in all civilized countries of the world. What had begun as the merciful ministrations of untrained women, many from religious orders, had grown into a young, but uniquely endowed profession. This profession brought education and training to the inherent arts and sensitivities that made women so peculiarly adapted to caring for the suffering. By the close of the nineteenth century, the work of these pioneer nurses had gained recognition, not only from the medical profession but also from the general public. Women nurses began to be considered as indispensable in the conduct of all hospitals of repute.

It was natural that the medical officers and others interested in the welfare of the Navy should begin to seek the aid of this new profession. During the Crimean campaign, Florence Nightingale had set off an irresistible trend. Many military leaders opposed her. They regarded her openly as a troublesome, meddling woman. Other influential Britons looked upon any participation of women in war as abhorrent and fantastic. But she persevered. The practical results of her work were so evident as to be indisputable. Four months after the arrival of her nurses, the death rate in military hospitals in the Crimea had dropped from 42 percent to 2 percent. Citizens of all countries were appalled at the conditions revealed in military medical facilities. They were amazed by the improvements accomplished by her small company. They could not but admire the woman who believed in her purpose enough to say for all the world to hear, "I can stand out the war with any man!"



Lenah S. Higbee



"The Sacred Twenty"



Royal Victoria Hosp.

Nightingale to USNB No. 12



maiden voyage

During the Civil War, American women, mostly volunteers without training, had done a courageous service with the wounded on both sides. The horrors of that war did much to stimulate wide interest in trained nursing. The *RED ROVER*, a river steamer captured from the Confederates, was fitted by the Navy as its first floating hospital. After the siege of Vicksburg, Catholic nuns of the Sisters of Mercy went aboard to care for the wounded.

The first trained nurses in the Navy, though not an official unit, were a group of women employed at the Naval Hospital, Norfolk, Va., in 1896, to care for the sick and wounded of the Spanish-American War. This group were neither enrolled nor enlisted, nor were they sure of being paid. A verbal agreement was made that they should be reimbursed for traveling expenses and receive moderate pay if means could be found for such. Later, they were paid from a fund not appropriated by Congress. They served for 50 days.

At other various times, on recommendation of its medical officers, the Navy employed trained nurses on a contract basis to meet nursing needs in certain naval facilities.

Upon establishment of the Nurse Corps as an integral unit of the Navy in 1908, nurses were assigned to the Naval Medical School Hospital in Washington, D. C. The group consisted of a superintendent, a chief nurse, and 18 nurses. As the Navy did not provide quarters for these nurses, it was necessary for them to rent a house and open their own mess.

Who would have thought then that in less than 40 years their numbers would have grown to a full 11,054, serving the largest Navy in history, their pro-

fessional talents an accepted necessity? Who would have dared to see them then serving in all parts of the world—flying with wounded from battle areas, working with the fleet on 12 large hospital ships, or administering wards and teaching and supervising corpsmen and members of the Women's Reserve in the Navy's hospitals and dispensaries in this country and overseas?

Early in 1909, nurses were sent to the naval hospitals in Annapolis, Md., and Brooklyn, N. Y. Soon they were receiving orders for duty at Mare Island, Calif., and other naval hospitals. In 1910, the Navy sent its first nurses to the Philippine Islands, and soon after to Guam, Honolulu, Yokohama, Samoa, the Virgin Islands, Haiti, and Guantanamo Bay, Cuba.

As the only women of the Navy, the nurses were a unique group. Congressional order designated them neither as officers nor enlisted men, but they had a military as distinguished from civilian status. On several occasions the decisions of the Judge Advocate General officially recognized them as members of the naval service, and amenable to naval discipline.

combat mission one

With the first World War, came the first great challenge to the Navy Nurse Corps. By now, the nursing profession had developed into a self-sufficient, organized unit. Women had entered into a new era of recognition and were participating in many activities and occupations from which the prejudices of an earlier day had barred them. Schools of nursing had been elevated to high standards, and the training of nurses was a well-ordered educational process. It was well for the Nation that this body of trained

France World War I



U. S. N. Hospital in Yokohama



nurses was ready to assist in caring for the wounded and ill of the armed forces. The epidemic of influenza which swept the civilian population as well as the military establishments, added to the urgency of nursing needs.

During that first World War, the professional nurses of the United States established their worth for all time, and their sacrifices, their courage, their devotion to duty, as well as their achievements, earned them the respect and love of the fighting men and of their countrymen.

Navy Nurses shared creditably in this coming-of-age, and their record during that war is an enviable one. They were assigned to hospitals in England, Ireland, Scotland, and the coast of France. On loan to Army medical facilities, some Navy Nurses served with field units in France. Four Navy Nurses were awarded the Navy Cross for outstanding service, three of the awards being made posthumously; two other nurses received the Army citation "for special, meritorious, and conspicuous service."

In January 1945, a destroyer, the U. S. S. HIGBEE was named after Lenah S. Higbee, the second superintendent of the Nurse Corps, and one of the four women of the Navy who received the Navy Cross. This was the first time in the history of the naval service that a fighting ship was named after a woman in the service.

Full speed ahead

After the war, the Nurse Corps advanced steadily in military and professional standing, and experience brought new gains. In addition, time

brought enrichment of tradition and more assured acceptance of the nurses within the naval order.

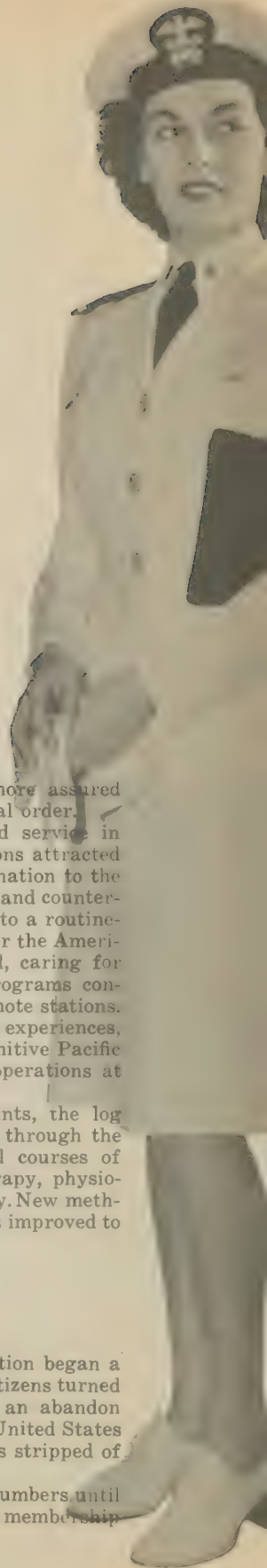
The opportunities for travel and service in far-flung stations under pioneer conditions attracted many young women of spirit and imagination to the Navy. These nurses animated the corps, and counteracted any tendency toward relaxation into a routine-bound, uninspired service unit. Wherever the American Fleet sailed, Navy Nurses followed, caring for the men and aiding in public-health programs conducted by the medical department in remote stations. The record is filled with varied and rich experiences, from the teaching of native girls in primitive Pacific isles to assisting with major surgical operations at sea, aboard the white hospital ships.

Along with these colorful accounts, the log shows the steady progress of the corps through the years, with the introduction of special courses of study, among them courses in diet therapy, physiotherapy, anesthesia, and neuropsychiatry. New methods were developed and organization was improved to further the efficiency of the service.

Shoals

Soon after World War I, the Nation began a program of disarmament. War-weary citizens turned away from all things military. With an abandon that seems almost fantastic today, the United States Navy, along with the other services, was stripped of power and ships and men.

The Nurse Corps was reduced in numbers until in 1935, under the Economy Act, its membership dwindled to 332.



attack

Some months before the Japanese struck, American dependents of servicemen, along with other women nationals, were evacuated from most of the Pacific islands. But Navy Nurses stayed on at their stations to care for the men of the service. When the attack came, Navy Nurses were on duty at Pearl Harbor, Kaneohe Bay, the Philippines, Guam, and aboard the U. S. S. SOLACE.

Five nurses were captured at Guam, but were repatriated after being interned in Japan for 6 months. One of these nurses returned to Guam in January 1945, with the first nurses to set foot on that island again after it was retaken from the Japanese.

Eleven Navy Nurses, taken at Canacao in the Philippines, were freed in February 1945 at Los Banos, near Manila, 25 miles inside enemy lines, after 37 months of imprisonment by the Japanese. In March 1945, the nurses arrived in San Francisco by Naval Air Transport. All during imprisonment these courageous women cared for the sick and wounded in the internment camp, working under tremendous difficulties. All were awarded, in September 1945, the Bronze Star Medal by the Army for meritorious service in the Philippines; a Gold Star in lieu of a second Bronze Star Medal by the Navy; and the

Army's Distinguished Unit Badge.

One Navy Nurse, part of a Navy operating unit serving with the Army on Bataan, escaped from Corregidor in a submarine to Australia and in July 1942 returned to the United States. This nurse was the first person in the entire naval service to receive the Legion of Merit, an honor designated by Congress for outstanding devotion to duty. This nurse also wears the Army's Distinguished Unit Badge.

general quarters

All American nurses are honored by the fact that theirs is the only women's profession that the country deemed so essential as to be placed under the War Manpower Commission to insure the maximum utilization of their abilities during the war.

In 1939, shortly before the storm broke over Europe, the country began to awaken to its danger. Some fanatical opposition still flared, but all military services fought for public support in the preparation for the trials to come.

Mobilization began. Selective Service began to operate. The Navy recruited men and officers and began an intensive training program.



Through the period of retrenchment, there had been no enrollment of nurses into the Reserve Corps. In 1939, under authority of the Naval Reserve Act, qualified nurses began to be recruited for the Reserve Nurse Corps, to be ready immediately for active duty in the event of a national emergency.

All through the war, thousands of Reserve Nurses served beside the members of the Regular Corps all over the world. On July 31, 1945, a fortnight before the surrender of Japan, the grand total of nurses was 11,021; 1,799 of whom were in the Regular Corps and 9,222 in the Reserve.

In spite of acute shortages throughout the country, the Navy was still able to hold to its standards and enroll nurses of outstanding qualifications and experience. In the Nurse Corps they have found opportunities for the exercise of all their special abilities and skills. Thousands of young men of the Navy had to be trained during the war to be Hospital Corpsmen. The majority of these hospital apprentices and pharmacists' mates had never been inside a hospital before their enlistment. Their teaching and supervision were important duties of the Navy Nurses, many of whom were experienced instructors, with degrees and other teaching credentials. Their contribution to this work was inval-

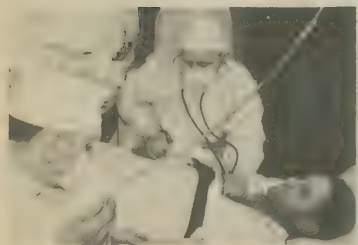
uable. Navy Nurses were proud of the record of these men who tended our naval and marine casualties aboard fighting ships and on invasion beaches, where nurses were not assigned.

To assist the medical officers in carrying out complex modern surgery, chemotherapy, and medical procedures, the Corps has provided nurses with the most advanced training and experience in such specialties as surgery, orthopedics, anesthesia, contagion, dietetics, and physiotherapy. Nurses trained and experienced in public health have aided in the organization of nursing services and in the understanding of underlying factors in the care of large groups of men of widely varying backgrounds.

Interest in the psychiatric field of military medicine has grown rapidly in recent years. This work has helped our fighting men to withstand and recuperate from the violent shock and fatigue of battle experience. In those cases where the mind or nerves have broken, remarkable results are obtained from expert treatment. Again, the Navy's eminent psychiatrists rely on the specially trained nurse, whose background of study enables her to interpret the patients and treatments correctly, and whose experience and understanding gain the confidence of the distressed men and hasten their rehabilitation.



*duty
is
demanding*





West Pacific



Trinidad, B. W. I.



Yosemite, California



Palermo, Sicily

New Guinea

recreation restores



California



Florida Keys



battle stations

The skill and science that the Navy Nurse's professional training has given her, have not obscured the unselfish solicitude that has marked her calling through the ages. She finds a great though humble satisfaction in knowing that while she cannot replace a man, no one else can replace her in sustaining and comforting the fighting men of her country.

In World War II, especially, did nurses come into their own.

In the Pacific, Navy Nurses were the first American women to be sent to the islands north of New Caledonia, the first group going to Efate, in the New Hebrides. There they cared for the wounded from the long Guadalcanal campaign, Army as well as Navy and Marine personnel. Others were stationed in New Caledonia, the Solomons, the Russells, New Zealand, Australia, New Guinea, and Hawaii. The Coral Sea, Savo, Tarawa, Attu, Adak, Dutch Harbor, Kwajalein, Saipan, Tinian, Leyte, Samar, Iwo Jima, Okinawa—in these strange and famous places Navy Nurses kept their rendezvous. In Oran, England, and Italy, they cared for our men who won victory from the Nazis.

In Trinidad, Panama, Puerto Rico, Bermuda, and Brazil, they served with our defense forces. Aboard hospital ships, Navy Nurses followed the fleet

in its thrilling assaults, going in to the beaches with the fighting men to pick up the wounded and carry them back to base hospitals. One such ship carried 1,965 patients from Iwo Jima in two trips, and 4,009 patients from Okinawa in seven trips. Throughout the war, care was taken to observe all the rules of the Geneva Conference with regard to hospital ships. There were occasions when Japanese hospital ships were boarded by naval forces and found to be violating Geneva regulations and carrying troops and ammunition. One Australian hospital ship was sunk ruthlessly by the Japanese, with great loss of life. The U. S. S. COMFORT, a Navy ship, but staffed by Army medical men and nurses, was deliberately attacked in April 1945, with some loss of life. The ship itself, though badly damaged, did not sink.

Several Allied hospital ships were sunk by the Germans. In view of these evidences of our enemies' disrespect for humane codes as well as international law, it is fortunate that no American hospital ship has been lost. Early in the war, the U. S. S. SOLACE and the U. S. S. RELIEF ploughed the seas alone; but before the end of the war they were joined by the SAMARITAN, BOUNTIFUL, REFUGE, HAVEN, RESCUE, CONSOLATION, BENEVOLENCE, TRANQUILLITY, REPOSE, and SANCTUARY.



Navy schools for teaching native nurses on Samoa and Guam have through the years been performing a real service. After Guam fell to the Japanese in 1941, native girls trained by Navy Nurses supplied the only skilled care to their people during the occupation. The school was reopened a few months after our forces retook the island from the Japanese in 1944. Native girls must qualify to enter for a probationary period of 6 months, following which if they prove satisfactory, they continue for a well-planned course of instruction, designed to fit them for work among their people. Upon graduation, they become licensed nurses. These native nurses have a splendid influence among Guamanians and do much to improve health conditions on the island.

The school for native nurses on American Samoa also has a proud record. Since 1916, 57 nurses have graduated from the Samoan Hospital Training School. Of this number, 12 are now doing district nursing for the public health department of the government of American Samoa, where their duties are much the same as those of district nurses in this country. The work of this school was not interrupted to a large extent by the war. The native girls make good nurses, are highly respected by the people of the villages, and by the time the girls are through they are quite conscious of their influence for better public health on the island.

The schools on the Virgin Islands and Haiti were maintained for some years by the Navy, but gradually these schools were turned over to the governments of those islands as Navy facilities there were reorganized.

In World War II, many awards have been made. One nurse, already referred to, has been the recipient of the Legion of Merit, for exceptionally meritorious service. Thirteen nurses have been awarded Bronze Star Medals, for meritorious achievement and service in the performance of duty; 11 have received Gold Stars in lieu of a second Bronze Star Medal; 7 have been awarded Commendation Ribbons for outstanding service in both European and Pacific theaters. Twelve nurses wear the Distinguished Unit Badge of the Army, for especially meritorious service in the Philippines, and 42 have Navy Unit Commendations for distinguished service aboard the U. S. S. SOLACE and at the Naval Hospital, Pearl Harbor, at the time of the Japanese attack. Letters of Commendation have been awarded to several nurses for meritorious service aboard hospital ships.

Late in 1943, two Navy Nurses were sent to Brazil, at the request of the Brazilian government, to establish and train a Nurse Corps for that country's Air Corps. In spite of great handicaps of language and a reluctance on the part of the women of Brazil to enter nursing or other occupations, these two nurses have made excellent progress. The school opened September 11, 1944, and the first class completed the 8-week course in November. Classes were held in a part of the Government's airfield at Rio de Janeiro especially set aside for the flight nurses. Only nurses graduated from 3-year schools of nursing are included in the course. A "mock-up" of a transport plane, equipped with stretchers, provides for practice of specific flight nursing techniques. Any nurse who wishes receives instruction and practice in

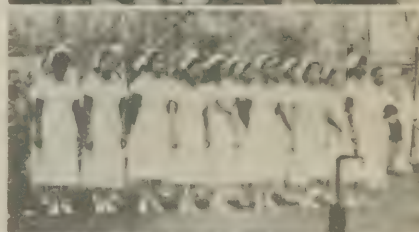
parachute jumping. Physical education routines are followed daily. Swimming, lifesaving, and management of life rafts, in addition to muscle conditioning—all are part of the program. Because of large jungle areas and mountainous terrain, transport of sick and injured by plane from these areas is an important health advance in Brazil. To the nurses there, learning the art of caring for the sick while traveling by plane, comes the satisfaction of pioneers making history for their country.

At home, the first class of 24 flying Navy Nurses completed flight indoctrination January 22, 1945. They immediately started active flying service on 24 flying teams, consisting of a nurse and a pharmacist's mate. Each 12-plane squadron operated with the following medical personnel: One flight surgeon, 24 flight nurses, 1 Hospital Corps officer, and 24 pharmacists' mates. After some transcontinental trips with wounded, the teams went to the Pacific to serve in the Naval Air Evacuation Service, the first arriving in Guam in early February 1945. They

Okimara



Chamorro Nurses




Guam



Brazil





worked tirelessly during the Iwo Jima and Okinawa campaigns flying out the wounded, sometimes having to circle the fields for as long as an hour because the airstrips were under fire. Within 30 days, approximately 4,500 injured men were flown out of Okinawa alone.

An efficient procedure for aerial evacuation from target areas was developed. The squadron flight surgeon and several pharmacists' mates were on the first hospital plane to land on the captured airfield. The surgeon established an evacuation clearing station adjacent to the airstrip, where, with the help of his corpsmen, he collected patients from the first-aid and holding stations and screened them for air transport, giving necessary treatment prior to flight. As soon as a hospital plane landed the flight nurse aboard received her orders. The plane was loaded and usually took off again in about 45 minutes after landing, the flight nurse responsible for all patients aboard. She dressed wounded, with the aid of the corpsmen, administered whole blood or plasma, gave medications, fed and cared for the patients.

There were three main flights of air evacuation planes to which flight nurses were assigned overseas. First, from target areas to forward hospitals, such as Guam; second, from Guam to Pearl Harbor; and third, from Pearl Harbor to continental United States. Nurses were rotated so that flight hours did not exceed 100 per month and they were also rotated between combat and noncombat flights. The nurses were "sold" on this method of evacuation. Even eliminating all the advantages of speed in getting patients back to base hospitals where there were all the best facilities, the effect of flight evacuation on morale alone made everything worth while.

Each of the first 12 nurses who pioneered the group received a commendation "For excellent service as a flight nurse in the forward area, Central Pacific, during the first quarter of 1945, for participation in numerous areas of the Pacific Ocean and contributing materially in the successful evacuation of wounded from the battle area of Iwo Jima. The skill, care of patients, and devotion to duty throughout were worthy of the highest praise."

The purpose of transcontinental United States flight transference of patients was (1) to equalize patient-loads between naval hospitals in the United States; (2) to give men specialized treatment at hospitals which concentrated on certain types of cases; and (3) to take men to hospitals as near their homes as possible, wherever the exigencies of the service permitted.

Another of the many new and rewarding responsibilities of our Navy Nurses in World War II was the training of young Women Reservists (WAVES) for the Hospital Corps. These trained young women replaced corpsmen in their many duties in hospitals in this country and Hawaii, relieving those men for duty in forward areas. For WAVES, schools were established at the National Naval Medical Center, Bethesda, Md., and at the U. S. Naval Hospital, Great Lakes, Ill., with Navy Nurse instructors.

Also at home, the successful establishment of the Cadet Nurse Corps in naval hospitals has won recognition and support from foremost educational and nursing institutions. The Cadet program was begun in July 1943, with the passage by Congress of the Bolton Act. Under its provisions the U. S. Public Health Service gave all-expense scholarships to young





women enlisting in the U. S. Cadet Nurse Corps and pledging themselves to essential nursing, military or civilian, for the duration of the war. The final 6 months of her training the Cadet Nurse spent in her home hospital, in another civilian hospital, in public health agencies, or in military or other Federal hospitals, depending on her choice.

Nine large naval hospitals in this country were designated as centers for training Cadets who had indicated a desire for Navy service. They were at Seattle, Wash.; Oakland and San Diego, Calif.; Chelsea, Mass.; St. Albans and Sampson, N. Y.; Portsmouth, Va.; Pensacola, Fla.; and Great Lakes, Ill. In these centers, Cadet students were put through a complete course of indoctrination in naval customs, etiquette, history, and traditions. Navy Nurses with teaching experience were responsible for seeing that the students had the proper class and clinical work and had been given instruction and practice in the problems of ward administration. Reports from the hospitals indicated a successful program for the Cadet Nurses and for the Navy.



salute

With the great expansion and multiplication of duties of the nurses of the Navy, new recognition came to the Corps. On July 3, 1942, an Act of Congress granted nurses permanent relative rank of commissioned officers. Corresponding base pay and, with some exceptions, allowances, were legislated December 22, 1942. With that legislation, Navy Nurses did not receive rental and subsistence and travel allowances for their dependents, but this was corrected in a bill passed by Congress effective October 1, 1944. On February 26, 1944, Congress provided that Navy Nurses, during the present war and for 6 months thereafter, should have actual commissioned rank.

Navy Nurses do not advance in pay grade by the same steps as other commissioned officers, but continue to receive longevity pay on the basis of an increase of 5 percent of base pay for each 3 years of service. Benefits for retired officers of the Nurse Corps are computed on the base pay of the Permanent Pay Readjustment Act of 16 June 1942, rather than on the base pay of the Temporary Pay Act of 22 December 1942.

Six months after the official termination of the war, unless other legislation is enacted, members of the Nurse Corps will revert to the pay provisions of the Permanent Pay Readjustment Act of 16 June 1942. By this Act, the base pay of a nurse with the relative rank of Ensign is set at \$90 per month, in contrast with her present \$150.

Although members of the Corps always received the courtesies and enjoyed many of the privileges of officers of the Navy, the new recognition brought them honor and dignity, as well as definitely increased authority consistent with the degree of responsibility which they carried. Here again, unless further legislation is forthcoming, members of the Nurse Corps will revert to their permanent status of relative rank rather than that of actual commission.

With the great expansion of responsibilities of the nurses, actual rank was only a just recognition and protection. It defined the position of the nurses within the Navy organization and invested them with authority next after commissioned officers of the Medical and Dental Corps in all medical and sanitary matters, and within the line of their professional duties in and about naval hospitals and other Medical Department activities. For many years, leaders in the Medical Corps had recommended rank for nurses as a means of increasing operating efficiency of the nursing service. Also, the firm establishment of nursing as a profession in the country made formal recognition of the nurse in military orders imperative.

There was considerable opposition, chiefly from those who retained old prejudices regarding woman's place in society.

Many of the nurses themselves were reluctant to accept military rank, fearing that their strictly medical standing might be confused or their identity as nurses be endangered. However, most military nurses became convinced through experience that indefinite military status hindered them greatly in their professional functions, since, in carrying out their duties, nurses form an essential link in the chain of command. Also, many occasions arose when this indefinite status caused embarrassment and confusion to others as well as to the nurses.

When war broke, all who thought seriously realized the necessity of providing the same protection to nurses serving in dangerous areas all over the world as is provided for doctors, dentists, and chaplains, with whom their work is so closely joined. Legislation is being proposed that commissioned rank for members of the Nurse Corps will be made permanent as a part of postwar adjustment.



Captain Sue S. Dauser (NC) USN

chain of command

The command of the Nurse Corps centers in the Surgeon General of the United States Navy. Vice Admiral Ross T. McIntire now holds this office, directing the Bureau of Medicine and Surgery, which includes the Medical Corps, Dental Corps, Nurse Corps, and Hospital Corps.

Under the leadership of Admiral McIntire, the naval medical service has developed into a modern organization of renowned accomplishment. The young surgeon entered the Navy Medical Corps as a lieutenant, junior grade, in 1917. Rising rapidly, he became Surgeon General in 1938. In February 1944, his present Vice Admiralty was conferred by Congress. He is the first medical officer to achieve this rank while serving as Surgeon General.

In this war, medicine has been forced to adapt itself suddenly to unprecedented expansion and to radically new concepts and methods of warfare. In addition, the service has had to assimilate and apply the rapid advances of medical science, with consequent sweeping changes in treatment. Medicine has become an important tactical adjunct in modern warfare, and naval medicine has distinguished itself in this new role, as well as carrying on in the noble tradition of aid and restoration of the wounded and ill.

Taking high ideals and high standards of excellence in personnel, equipment, and methods, Admiral McIntire has guided and disciplined these materials into a smooth-working, effective military medical service. With the same inspired blending of the ideal and the practical, he has led the expansion and development of the Nurse Corps.

Administration is directed by the Superintendent of the Nurse Corps, and Capt. Sue S. Dauser now holds this office.

In 1917, a few years after her graduation from the California Hospital School of Nursing, Miss Dauser joined the Naval Reserve. Soon she was transferred to the Regular Corps, in which she has remained ever since. In 1917 and 1918, she served as Chief Nurse of Naval Base Hospital No. 3 in Edinburgh, Scotland.

After the war, Miss Dauser held the position of chief nurse in many naval medical facilities, at home, abroad, and at sea aboard hospital ships and transports.

In 1939, when she became Superintendent of the Nurse Corps, Miss Dauser took on wider duties and graver responsibilities than had fallen to any of her predecessors. Under her administration, the membership of the Nurse Corps grew from 436 in 1939 to over 11,000 in 1945. In July 1942, she was

invested with the permanent relative rank of lieutenant commander. A temporary appointment raised this rank to captain in December of the same year. At this time, Miss Dauser became the first woman to wear the four gold stripes of a Navy captain on the sleeves of her Navy blue uniform. In February 1944, her relative captaincy was changed to actual commission for the duration of the war plus 6 months.

Working earnestly, with quiet, unassuming dignity, Captain Dauser not only has led the Nurse Corps to its present achievement, but also has won the confidence and respect of leaders in military and civilian medical circles. In spite of the pressure of work, she has maintained close personal contact with members of the Corps and this friendly solicitude is reflected in the affection and loyalty of the nurses who serve under her. Her quiet voice and gentle manner connote those beloved attributes of the nurse, whose mission, even when serving in battle, remains one of womanly compassion.



World War I

NAVY CROSS

Lenah S. Higbee (Supt. NNC)
Lillian Murphy
Edna E. Place
Marie Louise Hidell

LETTER OF COMMENDATION

Mary Elderkin
Jeannette McClellan

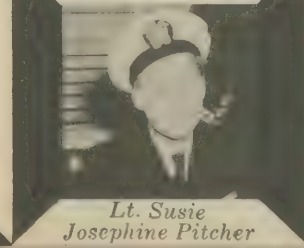
military awards to

World War II

LEGION OF MERIT



BRONZE STAR MEDAL





Members of the Nurse Corps

GOLD STAR IN LIEU OF SECOND BRONZE STAR MEDAL

Lt. Comdr. Laura May Cobb
 Lt. Bertha Rae Evans
 Lt. Helen Clara Gorzelanski
 Lt. Mary Chapman Hays
 Lt. Goldia Aimee Merrill
 Lt. Margaret Alice Nash
 Lt. Mary Harrington Nelson
 Lt. Eldene Elinor Paige
 Lt. Susie Josephine Pitcher
 Lt. Dorothy Still
 Lt. C. Edwina Todd

NAVY COMMENDATION RIBBON

Lt. Clyde Pennington
 Lt. Anna M. Kreider
 Lt. (jg) Mary J. Lindner
 Lt. Catherine Richardson
 Lt. Catherine M. Kain
 Lt. (jg) Stephany J. Kozak
 Lt. (jg) Dymphna M. Van Gorp

DISTINGUISHED UNIT BADGE (ARMY)

Lt. Ann Agnes Bernatitus
 Lt. Comdr. Laura May Cobb
 Lt. Bertha Rae Evans
 Lt. Helen Clara Gorzelanski

Lt. Mary Chapman Hays
 Lt. Goldia Aimee Merrill
 Lt. Margaret Alice Nash
 Lt. Mary Harrington Nelson
 Lt. Eldene Elinor Paige
 Lt. Susie Josephine Pitcher
 Lt. Dorothy Still
 Lt. C. Edwina Todd

NAVY UNIT COMMENDATION

Lt. Comdr. Gertrude B. Arnest
 Lt. Lorene E. Alkire
 Lt. Freda Conine
 Lt. Ann M. Davidson
 Lt. Ellen M. Dolloff
 Lt. Evelyn I. Erickson
 Lt. Ruth Erickson
 Lt. Helen Entriken
 Lt. Winnie Gibson
 Lt. Evelyn Hogue
 Lt. Rosella Nesgis
 Lt. Catherine Richardson
 Lt. Clara Shaeffer
 Lt. Frances L. Sonsalla
 Lt. Lenora Terrell
 Lt. Valera C. Vaubel
 Lt. Otilia J. Zalmon
 Lt. D. Dorothy Bogdon
 Lt. Lorraine D. Ceaglske
 Lt. Ruth M. Cohen
 Lt. Hilda W. Combes

Lt. Anna Danya
 Lt. Teresa M. Duggan
 Lt. Margaret L. Haley
 Lt. Comdr. Grace B. Lally
 Lt. Agnes G. Shurr
 Lt. Ida K. Thompson
 Lt. Marjorie E. Von Stein

EX-MEMBERS OF NNC

Lillian Banks
 Elsie L. Christensen
 Violet Clohessy
 Phyllis Dana
 Loretta M. Eno
 Bertha Houck
 Beatrice Jenkins
 Nelly C. Semon
 Margaret M. Swann
 Ann C. Tucker
 Geneva Van de Drink
 Irene D. Galiley
 Genevieve T. Hickey
 Eva Antonelli

LETTER OF COMMENDATION

Lt. (jg) Nell P. Seroka
 Lt. Ruth Toenberg
 Lt. Mary E. Gregory
 Lt. (jg) Martha N. Blackman
 Lt. Constance G. MacDonald

among our Nurse Corps Leaders...

Comdr. Loretta M. Lambert (NC) USN (Ret.)
Service USN December 1917 to October 1944



Comdr. Mary D. Towse (NC) USN (Ret.)
Service USN January 1918 to October 1945

Comdr. Helen M. Bunty (NC) USN
Service USN October 1918 to



Comdr. Elizabeth M. O'Brien (NC) USN
Service USN May 1919 to



Comdr. Mary Martha Heck (NC) USN
Service USN November 1918 to

Comdr. Anna G. Keating (NC) USN
Service USN October 1917 to



Comdr. Ruth E. Anthony (NC) USN
Service USN May 1918 to



"From personal observation in many hospitals in the South Pacific Area, in hospital ships of the THIRD Fleet Command and more recently in the Western Pacific Ocean, the members of the Nurse Corps have magnificently upheld the highest traditions of the United States Naval Service.

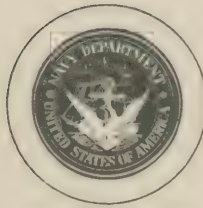
"Many times amidst primitive living conditions and often in trying circumstances these women, far from home, many for the first time, conducted themselves in a manner their country may well be proud of.

"Their untiring services, their professional skill, and their ability to sustain the unparalleled morale of the wounded in their care, will always reflect the highest credit to the Nurse Corps, United States Navy.

"I would like to pay personal tribute to these officers for their gallant devotion to duty and outstanding achievement in the line of their profession."

(signed) W. F. HALSEY,
Fleet Admiral, U. S. Navy.

26 November 1944



"Officers of the Navy Nurse Corps are serving aboard hospital ships operating with forces of the Pacific Fleet and in hospitals at rear and advanced bases in the Pacific Ocean Areas. These nurses bring to the hospital organizations in the Pacific War Theater the high standard of nursing service provided in naval hospitals in the United States. Their specialized knowledge and training and their devotion to duty are invaluable in providing the excellent hospital care given our sick and wounded.

"Although primarily concerned with the professional care of their patients, recognition is due our nurses for their work in supervising and training hospital Corpsmen, for their services as competent technical assistants to medical officers, for the influence of their presence and counsel in restoring the morale of patients under their care.

"To these nurses who have volunteered their services wherever they may be required, we give our heartfelt thanks for duty well done."

(signed) CHESTER W. NIMITZ,
Fleet Admiral, U. S. Navy.

8 November 1944

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some facts and figures

WORLD WAR I

| | |
|-------------------------|-------|
| Grand Total Nurses..... | 1,460 |
| Overseas..... | 327 |
| In United States..... | 1,133 |

Where Nurses Served:

England, Ireland, Scotland, France, Guam, Philip-
pines, Japan, Virgin Islands, Samoa, Haiti.

Military Awards as of 30 September 1945

| | World War I | World War II |
|--|-------------|--------------|
| Total Awards..... | 91 | 6 |
| Navy Cross..... | 0 | 4 |
| Legion of Merit..... | 1 | 0 |
| Bronze Star Medal..... | 13 | 0 |
| Gold Star in Lieu of 2d Bronze Medal.. | 11 | 0 |
| Navy Commendation Ribbon..... | 7 | 0 |
| Distinguished Unit Badge (Army).... | 12 | 0 |
| Navy Unit Commendation..... | 42 | 0 |
| Letters of Commendation..... | 5 | 2 |

Grand Total Nurses for Following Years:

| | | | |
|-----------|-------|-------------------------|-------|
| 1919..... | 1,203 | 1935..... | 332 |
| 1920..... | 535 | (Following Economy Act) | |
| 1921..... | 475 | 1939..... | 442 |
| 1922..... | 479 | 1941, Dec. 3..... | 828 |
| 1923..... | 484 | 1942..... | 2,919 |
| 1924..... | 498 | 1943..... | 7,076 |
| | | 1944..... | 9,190 |

Deaths in Navy Nurse Corps:

| | |
|---|----|
| 1908 to beginning of World War I..... | 1 |
| During last War—Official War | |
| Period Apr. 6, 1917, to Mar. 3, 1921..... | 36 |
| By enemy action..... | 0 |
| Interim—World War I and World War II..... | 21 |
| In Retirement..... | 29 |
| During World War II—Overseas..... | 8 |
| In U. S. A..... | 21 |
| By enemy action..... | 0 |

WORLD WAR II

Number of Nurses in Navy Nurse Corps— 30 September 1945

| | |
|--------------------------------------|--------|
| Total..... | 10,914 |
| On Land: In Continental U. S. A..... | 9,121 |
| Outside Continental U. S. A..... | 1,495 |
| With Air Evacuation Service..... | 108 |
| On Hospital Ships..... | 298 |

Number of Negro Nurses in Navy Nurse Corps... ✓ 4

| | |
|----------------------------------|---|
| In Continental U. S. A..... | 4 |
| Outside Continental U. S. A..... | 0 |

Number of Nurses Authorized 1945–1946

| | |
|-----------------------|--------|
| Navy Nurse Corps..... | 11,000 |
|-----------------------|--------|

Number of Stations at Which Navy Nurses Were Serving—30 September 1945

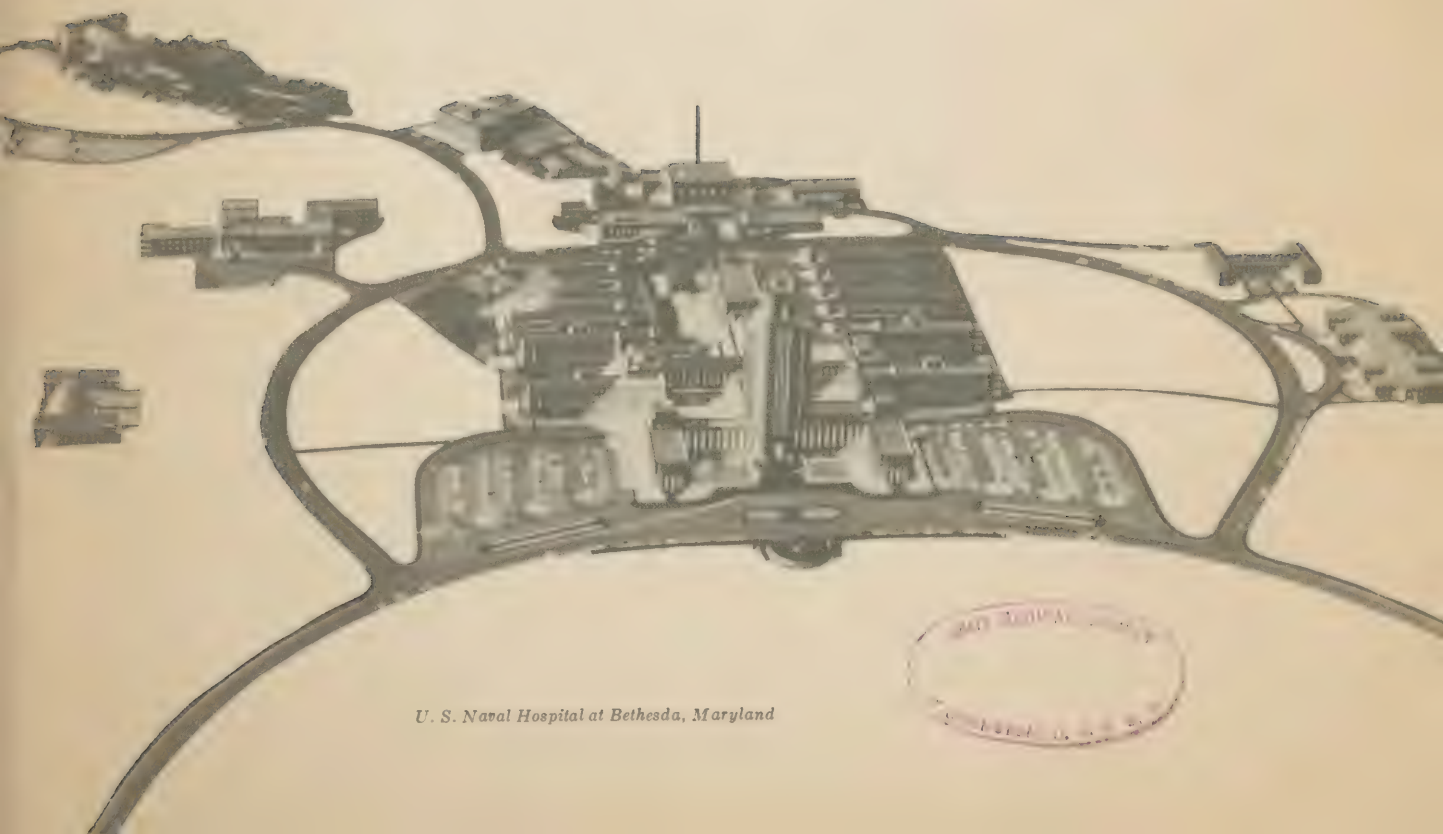
| | |
|------------------------------|-----|
| Total Stations..... | 318 |
| In U. S. A. Proper..... | 263 |
| Hospital Ships..... | 12 |
| Outside U. S. A. Proper..... | 43 |

Where Nurses Served Outside U. S.

| | |
|------------------|------------------------------|
| Australia | Africa |
| New Guinea | Samoa |
| Marianas | Puerto Rico |
| Okinawa | Trinidad |
| Philippines | Alaska |
| New Caledonia | Newfoundland |
| Russell Islands | Bermuda |
| Admiralties | Cuba |
| Hawaiian Islands | Brazil |
| Canal Zone | Aboard 12 Hospital Ships |
| England | Aboard Air Evacuation Planes |

Where Nurses are serving at Home

In nearly all States of the Union.



U. S. Naval Hospital at Bethesda, Maryland





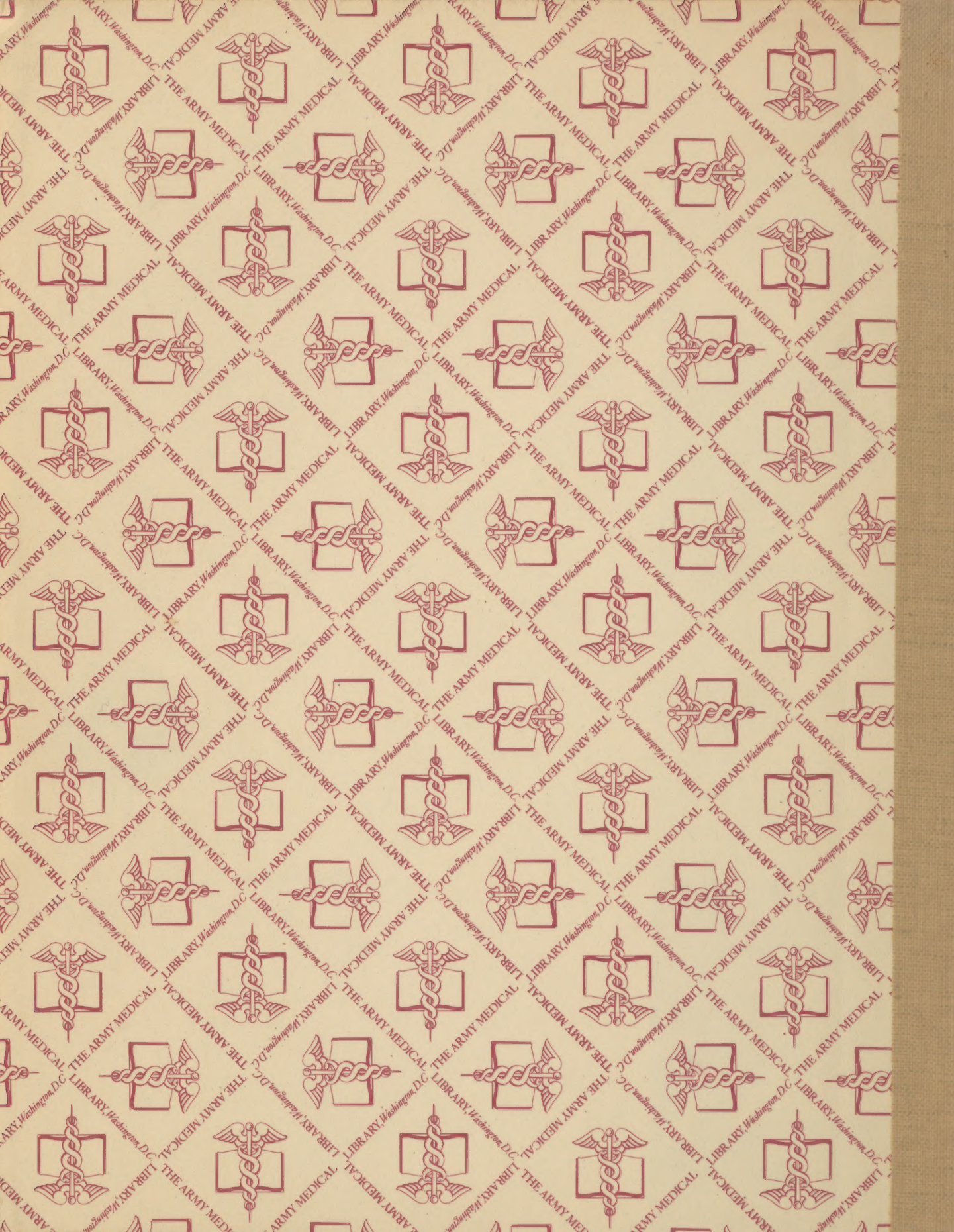
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BUREAU OF MEDICINE

AND SURGERY,

UNITED STATES NAVY





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Stockton, Calif.

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